

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FTO-551)						SERIAL # 81048240		FILING DATE 7/29/04	
						APPLICANT			
						7/29/04 CLAIMS			
AS FILED		AFTER PAYMENT OF AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2						52			
3	1					53			
4						54			
5	1					55			
6						56			
7						57			
8	1					58			
9						59			
10	1					60			
11						61			
12	1					62			
13						63			
14	1					64			
15						65			
16	1					66			
17						67			
18	1					68			
19						69			
20	1					70			
21						71			
22	1					72			
23						73			
24	1					74			
25						75			
26	1					76			
27						77			
28	1					78			
29						79			
30	1					80			
31						81			
32	1					82			
33						83			
34	1					84			
35						85			
36	1					86			
37						87			
38	1					88			
39						89			
40	1					90			
41						91			
42	1					92			
43						93			
44	1					94			
45						95			
46	1					96			
47						97			
48	1					98			
49						99			
50	1					100			
TOTAL IND.	4					TOTAL IND.	58		
TOTAL DEP.	52					TOTAL DEP.	6		
TOTAL CLAIMS	56					TOTAL CLAIMS	64		

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